BY ORDER OF THE COMMANDER
HQ 62D AIRLIFT WING (AMC)

62 AW INSTRUCTION 48-1

13 MARCH 1995

Aerospace Medicine

RESPIRATORY PROTECTION PROGRAM

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction provides additional local information and guidance for personnel who wear respirators. This instruction also mandates respiratory protection (e.g., polyurethane painting). This instruction is consistent with Air Force Occupation and Health Standard 48-1, and applies to all personnel in units assigned or attached to McChord AFB.

1. References. 29 CFR 1910.134 and AFOSH Standard 48-1.

2. Procedures. Respiratory protection (RP) resolves hazards temporarily until the installation of acceptable engineering controls can be introduced into the environment. Contaminant reduction is not always possible by engineering controls (e.g., asbestos removal). Also, directives may mandate respiratory protection (e.g,, polyurethane painting).

3. Definitions:

3.1. Cartridge - A small canister with a filter, sorbent, or catalyst, or any combination thereof, which removes specific contaminants from the air drawn through it.

3.2. Carcinogen - A substance known to cause cancer.

3.3. Ceiling Concentration - The concentration of a toxic airborne substance that shall not be exceeded.

3.4. Confined Space - An enclosure such as a storage tank, process vessel, boiler, silo, tank car, pipeline, tube, duct, sewer, underground utility vault, tunnel, or pit having limited means of egress and poor natural ventilation and which may contain hazardous contaminants or be oxygen deficient.

3.5. Contaminant - A harmful, irritating, or nuisance material that is foreign to the normal atmosphere.

3.6. Hazardous Atmosphere - Any atmosphere containing materials dangerous to health or life, where a toxic or disease producing contaminant exceeds legally established occupational exposure limits (OEL) or the threshold limit value established by the American Conference of Governmental Industrial Hygienists (ACGIH).

4. Responsibilities:

4.1. Commanders/Directors will ensure that a respiratory protection program is properly established within their organization's workplaces, when so directed by Bioenviornmental Engineering Services (BES).

4.2. Aeromedical Services will provide advice and guidance on medical aspects of the respiratory protection program.

4.3. Chief, Bioenvironmental Engineering Services will designate a member from BES as the RP Administrator as stated in AFOSH Standard 48-1.

4.4. Bioenvironmental Engineering Services will:

4.4.1. Train personnel for routine, supervisory, emergency response, and rescue team respirator use.

4.4.2. Keep all RP records of annual refresher training and semiannual refresher training the Respirator Program data base.

4.4.3. Distribute a personnel specific list for annual/semiannual training to shop supervisors on a quarterly basis.

4.4.4. Notify, in writing, the supervisor of any employee not medically qualified to wear a respirator.

4.5. Supervisors will:

4.5.1. Ensure compliance with this instruction and maintain a copy in organizations where personnel wear respirators for protection against inhalation of harmful atmospheres or for emergency escape or rescue.

4.5.2. Write a workplace operating instruction (OI) per AFOSH Standard 48-1, paragraph 9.3.3.

4.5.3. Contact BES for information and guidance regarding respiratory protection matters.

4.5.4. Will contact BES if new personnel assigned to their shop require training or if personnel leave the shop. Also, the shop supervisor is responsible for scheduling personnel for physical exams and training once BES determines a process caused overexposures.

4.5.5. Complete annual/semiannual refresher training before the expiration date stated on the refresher training list.

4.5.6. Annotate the SF 52, Request for Personnel Action, when requiring a prospective civilian employee to wear respiratory protection. Supervisors will not finalize placement or reassignment until the 62d Medical Group (62 MDG) certifies the individual to work while wearing the prescribed respiratory protection.

4.5.7. Allow personnel to wear only BES-approved respirators.

4.5.8. In case of an emergency, reach a BES representative through the 62 MDG Acute Care at extension 4-5601.

4.6. Respirator Users will:

4.6.1. Receive initial medical examinations before using respiratory protection equipment and periodically thereafter as determined by the Aerospace Medical Council.

4.6.2. Read the workplace Respiratory Protection OI before reporting for fit-testing.

4.6.3. Wear only the respiratory protection approved by BES, which appears on their respiratory protection card, McChord AFB Form 64, Certificate of Competency.

4.6.4. Report any malfunction of respiratory protective equipment to their supervisor.

4.7. The 62d Supply Squadron will:

4.7.1. Restrict the release of respirators IAW AFM 67-1, Vol II, Part Two, by assigning an Issue Exception (IEX) Code "R" to all respirators.

4.7.2. Not issue a "suitable substitute" for a particular respirator or part.

4.8. The Optometry Clinic will provide lenses for prescription spectacle inserts to accommodate wearing a respirator with corrective lenses.

4.9. The 62d Mission Support Squadron Civilian Personnel Flight will notify the 62d Medical Operations Squadron Physical Exams section using an SF 78, Certificate of Medical Examinations, for each civilian applicant selected who required a physical examination.

4.10. The Base Fire Department will:

4.10.1. Train personnel required to wear self-contained breathing apparatus (SCBA).

4.10.2. Fill all SCBA cylinders used on the base with purified air.

4.10.3. Notify BES before training non-Fire Protection personnel to ensure workers required SCBA and have received a medical examination.

4.11. Compressed Breathing Air Users (i.e., Fire Department and Fuels Systems Personnel) will:

4.11.1. Ensure that breathing air (compressed, pumped, or cylinders) meets established standards and send results to BES within 10 working days.

4.11.2. In cases of mishap or complaint, notify the BES for assistance in investigating the problem.

4.11.3. Sample the compressor systems before initial use, after replacement of the compressor or the purifier, after major repairs, and every 45 days.

5. Program Evaluation. The BES will self-inspect its Respiratory Protection Program each February and will present the annual Respiratory Protection Program evaluation at the April meeting of the Aero-

space Medical Council. Annual reviews of element level OIs will occur during the annual industrial hygiene surveys according to AFPD 48-1, Aerospace Medicine Program (Formerly AFR 161-33).

STEVEN R. SEM, Colonel, USAF
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